

## **Application Data Sheet**

### **Application Information**

Application Type:: Utility

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-Rom or CD-R?

Title:: Method for Treating Patients with Massive Blood Loss

Attorney Docket Number:: 02-896-A

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity:: No

Petition Included?::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Steven

Family Name:: Gould

City of Residence:: Highland Park

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 629 Cherokee Road

City of mailing address:: Highland Park

State or Province of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60035

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Richard

Family Name:: DeWoskin

City of Residence:: St. Charles

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 1730 Hampton Course

City of mailing address:: St. Charles

State or Providence of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60174

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Marc

Family Name:: Doubleday

City of Residence:: Cary

State of Residence:: Illinois

Country of Residence:: USA

Street of mailing address:: 326 Alicia Drive

City of mailing address:: Cary

State or Providence of mailing address:: Illinois

Postal or Zip Code of mailing address:: 60013

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: George  
Family Name:: Hides  
City of Residence:: Chicago  
State of Residence:: Illinois  
Country of Residence:: USA  
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City of mailing address:: Chicago  
State or Providence of mailing address:: Illinois  
Postal or Zip Code of mailing address:: 60610

#### **Correspondence Information**

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City of Mailing Address:: Chicago  
State or Providence of Mailing Address:: IL  
Country of Mailing Address:: USA  
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Phone Number:: (312) 913-0001  
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E-Mail Address:: docketing@mbhb.com

### Representative Information

Representative Customer Number::	020306
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/415,935	10/03/2002

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: Northfield Laboratories, Inc.